CLAIMS ONLY

SERIAL NO. FILING DATE

APPLICANT(S)

	CLAIMS
EMT	

		AS FILED		AFTER		AFTER	
				NDMENT	2nd AME		
1	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	+ /		 				
2			┼──	<u> </u>			
3				<u> </u>	ļ		
4			<u> </u>				
5	-	14					
6		1.					
7							
8		1					
9		1					
10		i				_	
11		1					
12	17						
13							
14		1,					
15		1, -				-	
16	1	1.	†				
17	1	1;	1				
18	1,	T-1					
19	11	1,	 				
20	†	1,	 				
21	†	†;					
22	+	 	 				
23		+	 				
24	-	 	+				
25		+	 				
	 	+	 				
26	 	 	1				
27	 	 					
28		-	 				
	 						
30	ļ						
31	ļ	<u> </u>					
32	<u> </u>						
33					_		
34	<u> </u>	<u> </u>					
35	<u></u>			ř			
36							
37		1					
38							
39	T						
40	1						
41							
42	1	t	 	-			
43	<u> </u>	 	 				
44	 	 	 			+	
45	 	-	 				
46		 	 				
47	 	 	 				
48	ļ						
	 						
49	├	 	 				
50	ļ	ļ					
TOTAL IND.	3			_#			
TOTAL DEP.	20	-	_	- [-	
TOTAL CLAIMS	9.74			****			
CEMINS		imer by					

s							
Ĺ	*		*		*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51		1	1	 	1	+	
52					 	+	
53					1-	 	
54			 	1			
55			1	T		+	
56				 -	 	+	
57	1		 	 	+	 	
58	<u> </u>	 	 -	 	 	+	
59	 		+	+		+	
60	-		 	 	 		
61		 	 	+	 -	+	
62	 	 	 	 		 	
63	 			 	 	 	
64	 		╀┷┷	 -	 	╄	
	 		╆	 	 	 -	
65				 	 	 	
66			 	 		<u> </u>	
67	ļ		 	 		ļ	
68			<u> </u>	 	ļ		
69					 		
70	ļ		 _	 		ļ	
71			<u> </u>	ļ	1	ļ	
72						<u>L</u> .	
73	L						
74			<u> </u>				
75			<u> </u>				
76							
77	-						
78							
79						1	
- 80							
81							
82					 	 	
83	-		7		 	-	
84	i			 		 	
. 85					 	,	
86					 		
87					 	-	
88				 	 	 -	
89				<u> </u>			
90					•		
91					<u> </u>		
	·· 			<u> </u>	 		
92							
93							
94					ļ		
95							
96				ļ :			
97							
98							
99	`]]		
100		I					
TOTAL IND.		1		<u>.</u> .1		1	
TOTAL DEP.	_	-		_	- - 3 -	-	
TOTAL CLAIMS			- 1				
CLAIMS				,			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS